## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificat	correspondence including the delow or directed oth tions.	erwise in Block 1, by (a					rate "FEE ADDRESS" fo	
CURRENT CORRESPONDI	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
68009	7590 05/12/	2010		_		of Mailing on Trans	mission	
Hanify & King 1055 Thomas Jes Suite 400	, P.C. fferson Street, NW	I S a t	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)					
WASHINGTON	, DC 20007	ſ						
							(Signature)	4
							(Date)	إ
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	]
10/730,897 12/10/2003		Jonathan Maron		5231-089-US01		231-089-US01	5182	
	: APPLICATION SERV	ER PERFORMANCE TO	JNING CLIENT INTE				····	_
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	08/12/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS			,		
KANG, INSUN		2193	717-127000					_
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of u or agents OR, alteri (2) the name of a s registered attorney 2 registered natent	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the documer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oracle International Corporation  Red Shores, CA  Please check the appropriate assignee category or categories (will not be printed on the patent):								
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🍱	Corporat	ion or other private gr	oup entity C Governmen	
Advance Order -	No small entity discount p	<ul> <li>b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4545 (enclose an extra copy of this form).</li> </ul>						
<ol> <li>Change in Entity Sta</li> <li>a. Applicant claim</li> </ol>	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SM	IALL EN	TITY status. See 37 C	CFR 1.27(g)(2).	· -
NOTE: The Issue Fee an	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other the Office.	an the applicant; a r	egistered	attorney or agent; or t	he assignee or other party	in
Authorized Signature	Mulling O	0 0 0		Date	1ay 28	, 2010		
Typed or printed nam	meMichael A.	<u> </u>			40,161		_	
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	diality is governed by 33 d application form to the ions for reducing this but Jirginia 22313-1450. DO	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1.14. This collection is depending upon the lee Chief Information OCOMPLETED FORM	or retain a benefit t s estimated to take individual case. Any fficer, U.S. Patent a S TO THIS ADDRI	y the pub 2 minute commen nd Trade ESS. SEN	olic which is to file (are so to complete, including the on the amount of the total To: Commissioner	nd by the USPTO to procest ng gathering, preparing, a time you require to comple partment of Commerce, P. of for Patents, P.O. Box 145	is) nd ete O. 50,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.